

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
Deputy Attorney General
4 State Bar Number 147250
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6546
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

8
9 **BEFORE THE**
PHYSICIAN ASSISTANT BOARD
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 950-2019-002619

13 TIMOTHY SOCHETA SO, P.A.

14 5662 Lemon Avenue
15 Long Beach, CA 90805-4741

A C C U S A T I O N

16 Physician Assistant License Number PA 13276

17 Respondent.
18

19 **PARTIES**

20 1. Rozana Khan (Complainant) brings this Accusation solely in her official capacity as
21 the Executive Officer of the Physician Assistant Board (Board), Department of Consumer Affairs.

22 2. On February 11, 1994, the Board issued Physician Assistant License Number PA
23 13276 to Timothy Socheta So, P.A. (Respondent). That Physician Assistant License was in full
24 force and effect at all times relevant to the charges brought herein and will expire on January 31,
25 2024, unless renewed.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board under the authority of the following
28 laws. All section references are to the Business and Professions Code (Code) unless otherwise

1 indicated

2 4. Section 22 of the Code states:

3 "Board" as used in any provisions of this code, refers to the board in which the
4 administration of the provision is vested, and unless otherwise expressly provided,
5 shall include "bureau," "commission," "committee," "department," "division,"
6 "examining committee," "program," and "agency."

7 5. Section 477 of the Code states:

8 As used in this division:

9 (a) "Board" includes "bureau," "commission," "committee," "department,"
10 "division," "examining committee," "program," and "agency."

11 (b) "License" includes certificate, registration or other means to engage in a
12 business or profession regulated by this code.

13 6. Section 3528 of the Code states any proceedings involving the . . . suspension, or
14 revocation of the application for licensure . . . this chapter shall be conducted in accordance with
15 Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government
16 Code.

17 **STATUTORY PROVISIONS**

18 7. Section 3502 of the Code states, in pertinent part:

19 (a) Notwithstanding any other law, a PA may perform medical services as
20 authorized by this chapter if the following requirements are met:

21 (1) The PA renders the services under the supervision of a licensed physician
22 and surgeon who is not subject to a disciplinary condition imposed by the Medical
23 Board of California . . . prohibiting that supervision or prohibiting the employment of
24 a physician assistant.

25 (2) The PA renders the services pursuant to a practice agreement that meets the
26 requirements of Section 3502.3.

27 (3) The PA is competent to perform the services.

28 (4) The PA's education, training, and experience have prepared the PA to
render the services.

(b) . . . (f).

8. Section 3516 of the Code states:

(a) Notwithstanding any other provision of law, any physician assistant licensed
by the board shall be eligible for employment or supervision by a physician and
surgeon who is not subject to a disciplinary condition imposed by the Medical Board
of California prohibiting that employment or supervision.

1 (b) Except as provided in Section 3502.5, a physician and surgeon shall not
supervise more than four physician assistants at any one time.

2 (c) The Medical Board of California may restrict a physician and surgeon to
3 supervising specific types of physician assistants including, but not limited to,
4 restricting a physician and surgeon from supervising physician assistants outside of
the field of specialty of the physician and surgeon.

5 9. Section 3527¹ of the Code states, in pertinent part:

6 (a) The board may order . . . the suspension or revocation of, or the imposition
7 of probationary conditions upon a PA license after a hearing as required in Section
8 3528 for unprofessional conduct that includes, but is not limited to, a violation of this
chapter, a violation of the Medical Practice Act, or a violation of the regulations
adopted by the board or the Medical Board of California.

9 (b) The board may order . . . the suspension or revocation of, or the imposition
10 of probationary conditions upon, an approved program after a hearing as required in
Section 3528 for a violation of this chapter or the regulations adopted pursuant
thereto.

11 (c) The Medical Board of California may order the imposition of probationary
12 conditions upon a physician and surgeon's authority to supervise a PA, after a hearing
as required in Section 3528, for unprofessional conduct, which includes, but is not
13 limited to, a violation of this chapter, a violation of the Medical Practice Act, or a
violation of the regulations adopted by the board or the Medical Board of California.

14 (d)

15 (e) The board may order the licensee to pay the costs of monitoring the
16 +probationary conditions imposed on the license.

17 (f) The expiration, cancellation, forfeiture, or suspension of a PA license by
operation of law or by order or decision of the board or a court of law, the placement
18 of a license on a retired status, or the voluntary surrender of a license by a licensee
shall not deprive the board of jurisdiction to commence or proceed with any
19 investigation of, or action or disciplinary proceeding against, the licensee or to render
a decision suspending or revoking the license.

20 10. Section 2234 of the Code, provides, in pertinent part:

21 The board shall take action against any licensee who is charged with
22 unprofessional conduct. In addition to other provisions of this article, unprofessional
conduct includes, but is not limited to, the following:

23 (a) Violating or attempting to violate, directly or indirectly, assisting in or
24 abetting the violation of, or conspiring to violate any provision of this chapter.

25 (b)

26 (c) Repeated negligent acts. To be repeated, there must be two or more
27 negligent acts or omissions. An initial negligent act or omission followed by a
separate and distinct departure from the applicable standard of care shall constitute

28 ¹ This statute was amended effective January 1, 2022; however, the statute language
referenced above was the statute in existence at the time these incidents occurred.

repeated negligent acts.

(d) . . . (g).

11. Section 2266 of the Code, provides that “The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

REGULATORY PROVISIONS

12. California Code of Regulations, Title 16, section 1399.521, states, in pertinent part:

In addition to the grounds set forth in section 3527, subdivision (a), of the Code, the board may . . . suspend, revoke or place on probation a physician assistant for the following causes: (a) Any violation of the State Medical Practice Act which would constitute unprofessional conduct for a physician and surgeon. (b) . . . (d).

13. California Code of Regulations, Title 16, section 1399.545, states:

(a) A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.

(b) A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physician’s specialty or usual and customary practice and with the patient’s health and condition.

(c) A supervising physician shall observe or review evidence of the physician assistant’s performance of all tasks and procedures to be delegated to the physician assistant until assured of competency.

(d) The physician assistant and the supervising physician shall establish in writing transport and back-up procedures for the immediate care of patients who are in need of emergency care beyond the physician assistant’s scope of practice for such times when a supervising physician is not on the premises.

(e) A physician assistant and his or her supervising physician shall establish in writing guidelines for the adequate supervision of the physician assistant which shall include one or more of the following mechanisms:

(1) Examination of the patient by a supervising physician the same day as care is given by the physician assistant;

(2) Countersignature and dating of all medical records written by the physician assistant within thirty (30) days that the care was given by the physician assistant;

(3) The supervising physician may adopt protocols to govern the performance of a physician assistant for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient. For protocols governing procedures, the protocol shall state the information to be given the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care. Protocols shall be developed by the physician, adopted from, or referenced to, texts or other sources. Protocols shall

1 be signed and dated by the supervising physician and the physician assistant. The
2 supervising physician shall review, countersign, and date a minimum of 5% sample of
3 medical records of patients treated by the physician assistant functioning under these
4 protocols within thirty (30) days. The physician shall select for review those cases
5 which by diagnosis, problem, treatment or procedure represent, in his or her
6 judgment, the most significant risk to the patient;

7 (4) Other mechanisms approved in advance by the board.

8 (f) The supervising physician has continuing responsibility to follow the
9 progress of the patient and to make sure that the physician assistant does not function
10 autonomously. The supervising physician shall be responsible for all medical
11 services provided by a physician assistant under his or her supervision.

12 **COST RECOVERY**

13 14. Section 125.3 of the Code states, in pertinent part:

14 (a) Except as otherwise provided by law, in any order issued in resolution of a
15 disciplinary proceeding before any board within the department . . . upon request of
16 the entity bringing the proceeding, the administrative law judge may direct a licensee
17 found to have committed a violation or violations of the licensing act to pay a sum not
18 to exceed the reasonable costs of the investigation and enforcement of the case.

19 (b) In the case of a disciplined licensee that is a corporation or a partnership, the
20 order may be made against the licensed corporate entity or licensed partnership.

21 (c) A certified copy of the actual costs, or a good faith estimate of costs where
22 actual costs are not available, signed by the entity bringing the proceeding or its
23 designated representative shall be prima facie evidence of reasonable costs of
24 investigation and prosecution of the case. The costs shall include the amount of
25 investigative and enforcement costs up to the date of the hearing, including, but not
26 limited to, charges imposed by the Attorney General.

27 (d) The administrative law judge shall make a proposed finding of the amount
28 of reasonable costs of investigation and prosecution of the case when requested
pursuant to subdivision (a). The finding of the administrative law judge with regard to
costs shall not be reviewable by the board to increase the cost award. The board may
reduce or eliminate the cost award, or remand to the administrative law judge if the
proposed decision fails to make a finding on costs requested pursuant to subdivision
(a).

(e) If an order for recovery of costs is made and timely payment is not made as
directed in the board's decision, the board may enforce the order for repayment in any
appropriate court. This right of enforcement shall be in addition to any other rights
the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be
conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or
reinstate the license of any licensee who has failed to pay all of the costs ordered
under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion,
conditionally renew or reinstate for a maximum of one year the license of any

licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

15. Respondent is subject to disciplinary action under Code sections 3502, 3527, 2234, subdivision (c), and California Code of Regulations, Title 16, sections 1339.521 and 1339.545, in that he committed repeated negligent acts by failing to verify that a written delegation of services and drug formulary agreement was established, available and up-to-date with his supervising physician Ogbechie (hereafter, SP Ogbechie), and failed to maintain adequate and accurate records in his care and treatment of Patients A, B, and C.² The circumstances are as follows:

Patient A:

16. On or about July 1, 2017, Patient A was seen at Serenity Care Health Group³ for a medication refill follow-up visit.⁴ He had been diagnosed with recurrent severe major depressive disorder⁵ with psychotic symptoms and post-traumatic stress disorder.⁶ He was being treated with

² For privacy, the patients in this pleading are identified as Patients A, B and C, and their full names will be disclosed upon a timely request for discovery per Government Code §11507.6.

³ Previously known as Pacific Burnett Medical Center.

⁴ The previous records for Patient A were not produced to the Board.

⁵ Major depressive disorder, abbreviated as MDD, is a mental condition characterized by feelings of sadness, tearfulness, emptiness or hopelessness, angry outbursts, irritability or frustration, even over small matters, loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports and sleep disturbances, including insomnia or sleeping too much.

⁶ Post-traumatic stress disorder, abbreviated as PTSD, is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include

antidepressants Celexa⁷ and Trazodone,⁸ and the antipsychotic Quetiapine.⁹ On this visit, it was noted that the patient was depressed vegetative signs present. The chart was electronically signed by SP Ogbechie, Respondent's supervising physician.

17. On or about September 13, 2017, the patient was next seen for a medication refill visit. The chart entries are mostly a clone of the previous visit including the patient's vital signs – the only difference is that the chief complaint is listed as a medication refill and the remainder of the chart entries are verbatim to the previous visit. The chart was electronically signed by SP Ogbechie; however, according to his time records from Salinas Valley State Prison (SVSP), he was working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient in his clinic.¹⁰ The patient's pharmacy records reflect that Respondent, SP Ogbechie's physician assistant, electronically signed and submitted refill prescriptions to the pharmacy on September 14, 2017, but his signature is not in the patient's chart.

18. On or about September 16, 2017, the patient's pharmacy records reflect that SP Ogbechie electronically signed and submitted refill prescriptions to the patient's pharmacy on _____ flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

⁷ Celexa is a brand name for the generic drug citalopram, which is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs) and is used to treat depression and major depressive disorder.

⁸ Trazodone is the generic name for an antidepressant drug that belongs to a group of drugs called serotonin receptor antagonists and reuptake inhibitors (SARIs) and is used to treat major depressive disorder that may help to improve one's mood, appetite, and energy level as well as decrease anxiety and insomnia related to depression. It works by helping to restore the balance of a certain natural chemical (serotonin) in the brain.

⁹ Quetiapine is the generic name for the brand name drugs Seroquel and Seroquel XR that is a second-generation or atypical antipsychotic used to treat schizophrenia, bipolar disorder and depression. It is thought to work by helping to restore the balance of certain chemical messengers or neurotransmitters in the brain, which improves mood, thinking and behavior and mainly works by blocking the receptors of two neurotransmitters called serotonin and dopamine. Serotonin is involved in a range of functions in your body and acts as a natural mood stabilizer. Not having enough serotonin is thought to contribute to depression, anxiety and mania. Dopamine also plays a number of roles and is involved in mood, behavior, sleep and more. Not having enough dopamine may contribute to feeling unhappy, unmotivated, mood swings, sleep problems and other symptoms.

¹⁰ SP Ogbechie confirmed that he could not have seen the patients on the dates and times he was working at SVSP.

1 September 16, 2017, for 30 tablets of Seroquel XR and 30 tablets of citalopram; however, these
2 two medications had been previously electronically submitted by Respondent two days earlier.

3 19. On or about November 29, 2017, the patient was next seen for a reevaluation and
4 medication refill visit. The chart entries are mostly a clone of the previous visit except that the
5 patient's height was listed as 61 inches (previous records state he was 63 inches tall), his body
6 mass index (BMI)¹¹ was noted to be 24.18 (previous records state it as 22.67), and his vital signs
7 were different. The chart was electronically signed by SP Ogbechie; however, according to the
8 time records from SVSP, he was working there from approximately 7 a.m. to 9 p.m. and could
9 not have seen the patient in his clinic. The patient's pharmacy records reflect that Respondent
10 electronically signed and submitted refill prescriptions to the patient's pharmacy that day;
11 however, his signature is not in the patient's chart. The patient was instructed to return to the
12 clinic in 30 days.

13 20. On or about December 15, 2017, seventeen days later, the patient was next seen for a
14 reevaluation and medication refill visit with no documented explanation. The chart entries are
15 mostly a clone of the previous visit except that the patient's height was listed as 63 inches
16 (previous record noted the patient was 61 inches tall), his BMI was noted to be 22.32 (previous
17 records noted it as 24.18), and his vital signs were different, but all other entries are mostly
18 identical to the prior visit, even the chief complaint. The chart was electronically signed by SP
19 Ogbechie; however, according to the SVSP time records, he was working there from
20 approximately 7 a.m. to 8 p.m. and could not have seen the patient on this date in his clinic. The
21 patient's pharmacy records reflect that Respondent electronically signed and submitted refill
22 prescriptions to the patient's pharmacy that day; however, his signature is not in the patient's
23 chart. The patient was instructed to return to the clinic in 30 days.

24 21. On or about February 23, 2018, the patient was next seen for a follow-up visit. The
25 chart entries are a clone of the previous visit except for his weight, BMI and vital signs. The
26 chart was electronically signed by SP Ogbechie; however, according to the SVSP time records, he

27 _____
28 ¹¹ Body mass index, abbreviated as BMI, is the weight in kilograms divided by the square
of the height in meters, a measure of body fat that gives an indication of nutritional status.

1 was working there from approximately 6:20 a.m. to 6:35 p.m. and could not have seen the patient
2 on this date in his clinic. The patient's pharmacy records reflect that Respondent electronically
3 signed and submitted refill prescriptions to the patient's pharmacy that day; however, his
4 signature is not in the patient's chart.

5 22. On or about March 24, 2018, the patient was next seen for reevaluation and
6 medication refill visit and the chart notes that an interpreter was used and the chart is mostly a
7 clone of the prior visit. The chart was electronically signed by SP Ogbechie and the patient was
8 return to the clinic in 30 days.

9 23. Less than ten days later, on or about April 2, 2018, the patient was next seen for
10 reevaluation and medication refills, and the chart notes that an interpreter was used. The chart
11 was electronically signed by SP Ogbechie; however, according to the SVSP time records, he was
12 working there from approximately 7:05 a.m. to 7:10 p.m. and could not have seen the patient on
13 this date in his clinic and Respondent's signature is not in the patient's chart.

14 24. On or about July 28, 2018, the patient was next seen for reevaluation and medication
15 refills. The chart was electronically signed by SP Ogbechie; however, according to the SVSP time
16 records, he was working there from approximately 5:30 p.m. to 7 a.m. and 12 p.m. to 5:30 p.m.
17 and it is unclear from the chart if he saw the patient on this date in his clinic. The patient's
18 pharmacy records reflect that Respondent electronically signed and submitted refill prescriptions
19 to the patient's pharmacy that day; however, his signature is not in the patient's chart.

20 25. The patient was seen again on or about August 31, 2018, and the chart was
21 electronically signed by SP Ogbechie; however, the patient's pharmacy records reflect that
22 Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy that
23 day; however, his signature is not in the patient's chart.

24 26. On or about November 2, 2018, the patient was again seen at the clinic. The chart was
25 electronically signed by SP Ogbechie; however, the patient's pharmacy records reflect that
26 Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy that
27 day, but his signature is not in the patient's chart.

28 27. On or about December 5, 2018, the patient was seen again in the clinic for

reevaluation and medication refills. The chart was electronically signed by SP Ogbechie; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this date in the clinic, and Respondent's signature is not in the patient's chart. The patient was to return in 30 days.

28. According to the patient's chart, he was seen again on or about December 15, 2018, for follow-up only 10 days after his prior visit with no documented explanation. The chart notes are mostly a clone of the prior visit except for his vital signs. The chart was electronically signed by SP Ogbechie; however, the patient's pharmacy records reflect that Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart. The patient was return to the clinic in 30 days.

29. On or about January 9, 2019, the patient was seen again at the clinic for reevaluation and medication refills. The chart was electronically signed by SP Ogbechie; however, the patient's pharmacy records reflect that Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

30. On or about March 13 and April 5, 2019, the patient was seen at the clinic for reevaluation and medication refills follow-up visits. The charts were electronically signed by SP Ogbechie; however, the patient's pharmacy records reflect that Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy on those days, but his signature is not in the patient's chart. These are the last two visits in the records received by the Board.

31. SP Ogbechie was asked if he had a Delegation of Services Agreement and drug formulary with Respondent. He stated he did, but could not find it and was unable to provide a copy of the agreement covering the period of 2017 through 2019. He created a new agreement that was signed on or about March 23, 2022. Prior to this time, there was no documented proof of a written agreement between SP Ogbechie and Respondent. A delegation of services agreement and drug formulary should be established between the supervising physician and his PA before the physician assistant begins seeing patients. When asked why Respondent had not signed the patient's charts that he had seen as required, SP Ogbechie stated he did not know why and thought he was just co-signing those charts.

1 In addition, when Respondent was asked what type of training SP Ogbechie provided to
2 him, as he had been trained as a PA in family practice and internal medicine and SP Ogbechie
3 was a psychiatrist, Respondent stated he was provided “on the job” training where he shadowed
4 SP Ogbechie while he was seeing patients for about two weeks. When SP Ogbechie was asked if
5 he supplied Respondent with any additional training, written educational materials or had
6 recommended any continuing medical education courses in the area of psychiatry, SP Ogbechie
7 stated he did not document those things. Additionally, there was documentation of any ongoing
8 competency assessments of Respondent’s work.

9 **Patient B:**

10 32. Paragraph 31, above, is incorporated herein by reference as if fully set forth.

11 33. On or about February 3, 2018, Patient B presented to the clinic for reevaluation and
12 medication refills follow-up visit. According to the records, he had been treating with SP
13 Ogbechie since January 6, 2018, and had been diagnosed with MDD with severe psychotic
14 symptoms and PTSD. He was being treated with the antipsychotic Abilify,¹² along with the
15 antidepressants Prozac¹³ and Trazodone. The chart was electronically signed by SP Ogbechie;
16 however, the patient’s pharmacy records reflect that Respondent electronically signed and
17 submitted refill prescriptions to the patient’s pharmacy, but his signature is not in the patient’s
18 chart.

19 34. On or about March 2, 2018, the patient again presented to the clinic for reevaluation
20 and medication refills. The chart entries are a clone of the previous visit, including the chief
21 complaint, and the only difference is the patient’s vital signs. The chart was electronically signed
22

23 ¹² Abilify is the brand name for the generic drug aripiprazole, an antipsychotic medication
24 that works by changing the actions of chemicals in the brain. It is used to treat the symptoms of
25 psychotic conditions including schizophrenia in adults and children at least 13 years old, major
depressive disorder in adults, and can be used alone or with a mood stabilizer medicine to treat
bipolar I disorder (manic depression) in adults and children at least 10 years old.

26 ¹³ Prozac is the brand name for the generic drug fluoxetine, a selective serotonin reuptake
27 inhibitor (SSRI) antidepressant that affects certain chemical messengers (neurotransmitters) that
28 communicate between brain cells and helps people with depression, panic, anxiety, or obsessive-
compulsive symptoms. It is used to treat major depressive disorder, bulimia nervosa (an eating
disorder), obsessive-compulsive disorder, panic disorder, and premenstrual dysphoric disorder
(PMDD).

1 by SP Ogbechie; however, according to the SVSP time records, he was working there from
2 approximately 6:35 a.m. to 6:30 p.m. and could not have seen the patient on this date in his clinic.
3 The patient's pharmacy records, however, reflect that Respondent electronically signed and
4 submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the
5 patient's chart.

6 35. On or about April 5, 2018, the patient was next seen for reevaluation and medication
7 refill and the chart notes that an interpreter was used. The patient was return to the clinic in 30
8 days. The chart was electronically signed by SP Ogbechie; however, according to the SVSP time
9 records, he was working there from approximately 6:30 a.m. to 6:30 p.m. and could not have seen
10 the patient on this date in his clinic. Respondent's signature does not appear in the patient's chart
11 on this visit.

12 36. On or about June 4, 2018, the patient was seen again at the clinic for reevaluation and
13 medication refills and the chart was electronically signed by SP Ogbechie; however, according to
14 the SVSP time records, he was working there from approximately 3 p.m. to 8 p.m. so it is unclear
15 if he saw the patient that day. In addition, the patient's pharmacy records reflect that Respondent
16 electronically signed and submitted refill prescriptions to the patient's pharmacy, but his signature
17 is not in the patient's chart.

18 37. On or about July 5, 2018, the patient was again seen at the clinic for reevaluation and
19 medication refills. The chart was electronically signed by SP Ogbechie; however, according to
20 the SVSP time records, he was working there from approximately 7 a.m. to 7 p.m. and could not
21 have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect
22 that Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy
23 that day, but his signature is not in the patient's chart.

24 38. On or about August 3, 2018, the patient again was seen for reevaluation and
25 medication refills and the chart entries are mostly a clone of the previous visit with the exception
26 of the patient's weight and vital signs. SP Ogbechie electronically signed the chart; however, the
27 patient's pharmacy records reflect that Respondent electronically signed and submitted refill
28 prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

1 39. On or about September 4, 2018, the patient was again seen at the clinic for
2 reevaluation and medication refills and the chart entries are practically a clone of the prior visit
3 including the patient's vital signs. The patient was instructed to return in 30 days and SP
4 Ogbechie electronically signed the chart; however, according to the SVSP time records, he was
5 working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this
6 date in his clinic. Respondent signature was not in the patient's chart.

7 40. On or about September 6, 2018, SP Ogbechie electronically signed and submitted
8 refill medications to the patient's pharmacy; however, there is no chart entry on that date.

9 41. On or about September 10, 2018, according to the chart, the patient was seen for
10 reevaluation and medication refills despite the fact that he had been reportedly seen six days
11 earlier with no documented explanation. SP Ogbechie electronically signed the chart; however,
12 according to the SVSP time records, he was working there from approximately 7 a.m. to 7 a.m., a
13 24-hour shift, and could not have seen the patient on this date in his clinic. In addition, the
14 patient's pharmacy records reflect that Respondent electronically signed and submitted refill
15 prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart, and
16 SP Ogbechie had already submitted a medication refill four days earlier.

17 42. On or about October 9, 2018, the patient was again seen for reevaluation and
18 medication refills and the chart entries are mostly a clone of prior visit except the patient's weight
19 and vital signs. The chart was electronically signed by SP Ogbechie; however, according to the
20 SVSP time records, he was working there from approximately 7 a.m. to 7 p.m. and could not have
21 seen the patient on this date in his clinic. In addition, the patient's pharmacy records, reflect that
22 Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy that
23 day, but his signature is not in the patient's chart.

24 43. On or about November 8, 2018, the patient was next seen for reevaluation and
25 medication refills and the chart is practically a clone of the prior visit with the exception of the
26 patient's weight and vital signs. The chart was electronically signed by SP Ogbechie; however,
27 according to the SVSP time records, he was working there from approximately 7 a.m. to 7 p.m.
28 and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy

records, reflect that Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

44. On or about December 8, 2018, the patient was seen for reevaluation and medication refills and the chart entries are mostly a clone of the prior visit with the exception of the patient's weight and vital signs. The chart was electronically signed by SP Ogbechie; however, the patient's pharmacy records reflect that Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

45. On or about January 9, 2019, the patient was seen again for reevaluation and medication refills and the chart entries are mostly a clone of the prior visit with the exception of the patient's weight and vitals. The chart was electronically signed by SP Ogbechie; however, the patient's pharmacy records reflect that Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

46. On or about March 11, 2019, the patient was seen for reevaluation and medication refills and was instructed to return in 30 days. SP Ogbechie electronically signed the chart; however, the patient's pharmacy records reflect that Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy on this visit, but his signature is not in the patient's chart.

47. On or about March 16, 2019, the patient presented for his first annual reassessment even though 5 days earlier he had been seen and instructed to return to the clinic in 30 days. The chart notes that an interpreter was used and the chart was electronically signed by SP Ogbechie and the patient was instructed to return in 30 days. This is the last patient visit in the records produced to the Board.

Patient C:

48. Paragraph 31, above, is incorporated by reference herein as if fully set forth.

49. On or about July 17, 2017, the patient was seen for reevaluation and medication refills. The patient had been previously diagnosed with severe MDD with severe psychotic symptoms and PTSD, and was being treated with the antidepressant Trazodone, the antipsychotic

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1 quetiapine, and the sleep aid Ambien.¹⁴ The chart was electronically signed by SP Ogbechie;
2 however, according to the SVSP time records, he was working there from approximately 7 a.m. to
3 5 p.m. and could not have seen the patient on this date in his clinic. Respondent's signature does
4 not appear in the patient's chart.

5 50. On or about September 20, 2018, the patient was seen for a follow-up and medication
6 refill appointment and the patient was instructed to return in 30 days. The chart was electronically
7 signed by SP Ogbechie; however, according to the SVSP time records, he was working there
8 from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this date in his clinic.
9 In addition, the patient's pharmacy records, reflect that the following day, Respondent
10 electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his
11 signature is not in the patient's chart for the September 20th visit, nor is there a note in the chart
12 regarding the medication refills.

13 51. On or about October 6, 2017, seventeen days later, the patient was seen at the clinic
14 for a follow-up visit with no explanation. The patient was to return in 30 days and the chart was
15 electronically signed by SP Ogbechie; however, according to the SVSP time records, he was
16 working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this
17 date in his clinic. Respondent's signature is not in the patient's chart for this visit.

18 52. On or about November 22, 2018, the patient was seen again in the clinic for
19 reevaluation and medication refills and the chart entries are practically a clone of the prior visit
20 except that the patient's height was noted to be 61 inches (the prior records reflect the patient's
21 height was 67 inches), and his BMI and vitals were different. SP Ogbechie electronically signed
22 the chart; however, according to the SVSP time records, he was working there from
23 approximately 7 a.m. to 9 p.m. and could not have seen the patient on this date in his clinic.
24 Respondent's signature is not in the patient's chart for this visit.

25 53. On or about December 1, 2017, the patient's pharmacy records, reflect that
26 Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy that

27 ¹⁴ Ambien is the brand name for the generic drug zolpidem, a sedative, also called a
28 hypnotic that affects chemicals in the brain that may be unbalanced in people with sleep problems
and is used to treat insomnia.

1 day; however, there is no chart note on that date.

2 54. On or about December 13, 2017, the patient was again seen for reevaluation and
3 medication refills and the chart note is almost a clone of the prior chart entries with the exception
4 of the patient's height, weight, BMI and vital signs. The chart was electronically signed by SP
5 Ogbechie; however, according to the SVSP time records, he was working there from
6 approximately 7 a.m. to 9 p.m. and could not have seen the patient on this date in his clinic. In
7 addition, the patient's pharmacy records reflect that Respondent completed a prescription on SP
8 Ogbechie's prescription pad to refill the patient's Ambien prescription to the patient's pharmacy
9 that day, but his signature is not in the patient's chart.

10 55. On or about February 19, 2018, the patient was seen for reevaluation and medication
11 refills and the patient's height, weight and vital signs are not documented. The patient was to
12 return in 30 days and the chart was electronically signed by SP Ogbechie; however, according to
13 the SVSP time records, he was working there from approximately 7:05 a.m. to 7 a.m., a 24-hour
14 shift, and could not have seen the patient on this date in his clinic. In addition, the patient's
15 pharmacy records reflect that Respondent electronically signed and submitted refill prescriptions
16 to the patient's pharmacy that day, but his signature is not in the patient's chart.

17 56. On or about March 19, 2018, the patient was seen at the clinic for reevaluation and
18 medication refills. SP Ogbechie electronically signed the chart; however, according to the SVSP
19 time records, he was working there from approximately 7 a.m. to 7:30 p.m. and could not have
20 seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that
21 Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy that
22 day, but his signature is not in the patient's chart.

23 57. On or about April 21, and May 25, 2018, the patient was seen for reevaluation and
24 medication refills and the chart notes that an interpreter was used, and SP Ogbechie electronically
25 signed the chart.

26 58. On or about June 18, 2018, the patient was seen for reevaluation and medication
27 refills and the chart entries are practically a clone of the prior visit except that the patient's height
28 was noted to be 61 inches (the prior records reflect the patient's height was 67 inches), and his

1 BMI and vitals were different. SP Ogbechie electronically signed the chart; however, according
2 to the SVSP time records, he was working there from approximately 7 a.m. to 7 a.m., a 24-hour
3 shift, and could not have seen the patient on this date in his clinic. In addition, the patient's
4 pharmacy records reflect that Respondent completed a prescription for Ambien that day, but his
5 signature is not in the patient's chart.

6 59. On or about July 30, 2018, the patient was seen again for reevaluation and medication
7 refills and the chart entries are practically a clone of the prior visit, including the patient's
8 incorrect height of 61 inches, weight and BMI, but his vitals were different. SP Ogbechie
9 electronically signed the chart; however, according to the SVSP time records, he was working
10 there from approximately 7 a.m. to 7 a.m., a 24-hour shift, and could not have seen the patient on
11 this date in his clinic. In addition, the patient's pharmacy records reflect that Respondent
12 electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his
13 signature is not in the patient's chart.

14 60. On or about August 20, 2018, the patient was seen again for reevaluation and
15 medication refills and the chart entries are practically a clone of the prior visit, including the
16 patient's incorrect height of 61 inches, but his vitals were different. SP Ogbechie electronically
17 signed the chart; however, according to the SVSP time records, he was working there from
18 approximately 7 a.m. to 7 p.m. and could not have seen the patient on this date in his clinic. In
19 addition, the patient's pharmacy records reflect that Respondent electronically signed and
20 submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the
21 patient's chart.

22 61. On or about September 17, 2018, the patient was seen again for reevaluation and
23 medication refills and the chart entries are practically a clone of the prior visit, including the
24 incorrect height of 61 inches, but his weight was noted to be 148 pounds, and his BMI and vitals
25 were different. SP Ogbechie electronically signed the chart; however, according to the SVSP
26 time records, he was working there from approximately 7 a.m. to 7 a.m., a 24-hour shift, and
27 could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy
28 records reflect that Respondent electronically signed and submitted refill prescriptions to the

1 patient's pharmacy that day, but his signature is not in the patient's chart.

2 62. On or about October 22, 2018, the patient was seen again for reevaluation and
3 medication refills and the chart entries are practically a clone of the prior visit, including the
4 incorrect height of 61 inches, but the patient's weight was noted to be 133 pounds, a 15-pound
5 loss from the prior month with no comment or explanation by the provider, and his BMI and
6 vitals were different. SP Ogbechie electronically signed the chart; however, according to the
7 SVSP time records, he was working there from approximately 7 a.m. to 7 a.m., a 24-hour shift,
8 and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy
9 records reflect that Respondent electronically signed and submitted refill prescriptions to the
10 patient's pharmacy and wrote a prescription for Ambien that day, but his signature is not in the
11 patient's chart.

12 63. On or about November 17, 2018, the patient was seen again for reevaluation and
13 medication refills and the chart entries are practically a clone of the prior visit, including the
14 incorrect height of 61 inches, but the patient's weight was now noted to be 155 pounds, a 22
15 pound weight gain from the prior month with no comment or explanation by the provider, and his
16 BMI and vitals were different. SP Ogbechie electronically signed the chart; however, the
17 patient's pharmacy records reflect that Respondent electronically signed and submitted refill
18 prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

19 64. On or about December 17, 2018, the patient was seen again for reevaluation and
20 medication refills and the chart entries are practically a clone of the prior visit except that the
21 patient's height was now noted to be 64 inches,¹⁵ and his weight, BMI and vitals were different.
22 SP Ogbechie electronically signed the chart; however, according to the SVSP time records, he
23 was working there from approximately 7 a.m. to 7 a.m., a 24-hour shift, and could not have seen
24 the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that
25 Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy that
26 day, but his signature is not in the patient's chart.

27 ¹⁵ There are three different heights noted in the patient's chart – originally the records
28 reflect a height of 67 inches, then 61 inches, and now 64 inches with no explanation documented
for the discrepancies.

1 65. On or about January 12, 2019, the patient was seen again for reevaluation and
2 medication refills and the chart entries are practically a clone of the prior visit, including the
3 incorrect height of 64 inches, and his weight, BMI and vitals were different. SP Ogbechie
4 electronically signed the chart; however, the patient's pharmacy records reflect that Respondent
5 electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his
6 signature is not in the patient's chart.

7 66. On or about February 23, 2019, the patient was seen again for reevaluation and
8 medication refills and the chart notes that the patient's height and weight were identical to the
9 prior visit (e.g., 64 inches and 155 pounds), and that an interpreter was used. SP Ogbechie
10 electronically signed the chart.

11 67. On or about March 16, 2019, the patient was seen again for reevaluation and
12 medication refills and the chart entries are practically a clone of the prior visit, including the use
13 of an interpreter and that the patient's height was 64 inches, but his weight, BMI and vitals were
14 different. SP Ogbechie electronically signed the chart and refilled the patient's prescriptions.
15 This is the last patient visit of the records provided to the Board.

16 68. Respondent's acts and omissions constitute repeated negligent acts in that he:

17 A. Failed to verify that a written delegation of services agreement and drug formulary
18 between Respondent and his supervising physician Ogbechie was established, available and up-
19 to-date covering the period of 2017 through 2019, when Respondent was seeing Patients A, B and
20 C as Ogbechie's physician assistant;

21 B. Failed to maintain adequate and accurate records in his care and treatment of Patient
22 A in that he failed to sign the patient's charts creating the inability to determine which provider
23 saw the patient on a particular visit and the prevalence of cloned charting with minimal
24 documentation, and failed to explain any discrepancies in the patient's chart;

25 C. Failed to maintain adequate and accurate records in his care and treatment of Patient
26 B in that he failed to sign the patient's charts creating the inability to determine which provider
27 saw the patient on a particular visit and the prevalence of cloned charting with minimal
28 documentation; and

1 D. Failed to maintain adequate and accurate records in his care and treatment of Patient
2 C in that he failed to sign the patient's charts creating the inability to determine which provider
3 saw the patient on a particular visit, the prevalence of cloned charting with minimal
4 documentation, and failed to explain the discrepancies in the patient's chart.

5 **SECOND CAUSE FOR DISCIPLINE**

6 (Failure to Maintain Adequate and Accurate Records)

7 69. Respondent Timothy Socheta So, P.A. is subject to disciplinary action under Code
8 section 2266 in that he failed to maintain adequate and accurate records in his care and treatment
9 of Patients A, B, and C. The circumstances are as follows:

10 70. Paragraphs 16 through 67 above, inclusive are incorporated herein by reference as if
11 fully set forth.

12 **THIRD CAUSE FOR DISCIPLINE**

13 (Failure to Have Delegation of Service Agreement)

14 71. Respondent Timothy Socheta So, P.A. is subject to disciplinary action under Code
15 section 3502, and California Code of Regulations, Title 16, section 1399.545, in that Respondent
16 failed to verify that a delegation of services agreement and drug formulary was established,
17 available and up-to-date with SP Ogbechie covering the times he was seeing patients A, B and C
18 as Ogbechie's physician assistant. The circumstances are as follows:

19 72. Paragraphs 16 through 67, above, inclusive are incorporated herein by reference as if
20 fully set forth.

21 **PRAYER**

22 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
23 and that following the hearing, the Physician Assistant Board issue a decision:

24 1. Revoking or suspending Physician Assistant License Number PA 13276, issued to
25 Respondent, Timothy Socheta So, P.A.;

26 2. Ordering Timothy Socheta So, P.A. to pay the Board the costs of the investigation
27 and enforcement of this case, and if placed on probation, the cost of probation monitoring; and

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3. Taking such other and further action as deemed necessary and proper.

DATED: November 3, 2022

Rozana Khan

ROZANA KHAN
Executive Officer
Physician Assistant Board
Department of Consumer Affairs
State of California

Complainant

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